

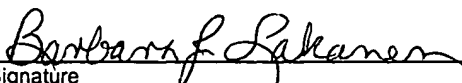
IFW

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

In re Application of: Francischelli et al  
For: SYSTEM FOR ASSESSING TRANSMURALITY OF ABLATION TISSUE  
Serial No.: 10/752,135  
Filed: 01-06-2004

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8:** I hereby certify that this **INFORMATION DISCLOSURE STATEMENT** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 24 day of May, 2004.

  
\_\_\_\_\_  
Signature  
Barbara J. Lakanen  
\_\_\_\_\_  
Printed Name

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Information Disclosure Statement Transmittal
- ☒ Associate Power of Attorney
- ☒ Information Disclosure Statement
- ☒ PTO FORM 1449
- ☒ Copies cited references (Foreign Patent Only)
- ☒ Return Postcard


## FEE CALCULATION

- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(b)
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification
- ☐ \$240.00 Pursuant to 37 CFR §1.97(c) without Certification
- ☐ \$130.00 Pursuant to 37 CFR §1.97(d) with Certification

- ☐ Applicant hereby petitions for a \_\_\_\_\_ months' extension of time. If an additional extension of time is required, please consider this petition therefor.
- ☒ Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.
- ☒ Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.

Date

5/24/04

  
\_\_\_\_\_  
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